UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

•	Case No.	
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))	(to be filled in by the Clerk's Office)
- v -)	
See Attachment No. 1 Defendant(s) (Write the full name of each defendant who is being sued. If the)))	
names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

List of Defendants

Swift

Bolden

Kimberly Johnson

Robert Mastnyak

John Ooe

Jane Doe

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I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if	,
Name	Elijah Thompson	
All other names by which you have been known:		
ID Number	<u> 15281 </u>	
Current Institution Address	Chester County Prison 501 S. Wawaset Road	
	west chester PA 19382	

City

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Name	Swift
Job or Title (if known)	Correctional officer 1
Shield Number	
Employer	Chester County Prison
Address	501 S. Wawaset Boad
	West Chester Pa 19382
•	City State Zip Code
•	Individual capacity Official capacity
-	
Defendant No. 2	
Defendant No. 2 Name	
	Individual capacity Official capacity Bolden
Name	Individual capacity Official capacity
Name Job or Title (if known) Shield Number	Solden Correctional Officer 1
Name Job or Title (if known)	Bolden Correctional Officer 1 Chester County Prison
Name Job or Title (if known) Shield Number Employer	Bolden Correctional Officer 1 Chester County Prison

Zip Code

State

E.D.Pa. A	O Pro Se 1	4 (Rev. 04/18) Complaint for Violation of Civil R	tights
		Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	Kimberly Johnson Sergeant Correctional Officer Chester County Prison 501 S. Wawaset Bood West Chester Pa 19382 City State Zip Code Vindividual capacity Official capacity
		Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address	See Attachment No. 2 for further No. 2 for further No. 2 for further No. 2 for further Information State Zip Code Individual capacity Official capacity
Π.	Under immu Feder	nities secured by the Constitution an al Bureau of Narcotics, 403 U.S. 38 tutional rights. Are you bringing suit against (check of the constitution) Federal officials (a Bivens classical of the Constitution and [federal laws]	aim)
	C.	Plaintiffs suing under Bivens may	(Excessive force); four teenth Amendment - One Process Clouse only recover for the violation of certain constitutional rights. If you stitutional right(s) do you claim is/are being violated by federal

ATTACHMENT NO.: 2

Defendant No.: 4	
Name: Robert Mastriak	•
Job or Title: Uniterent Correctional officer	
Shield Number:	
Employer: Chester Oxinly Posin	
Address: 501 S Wawaset Road	
West Chester Pa City State	N9382 ZIP Code
Individual Capacity	Official Capacity
	•
Defendant No.: 5	
Name: John Noc #1	
Job or Title: Correctional Officer	
Shield Number:	
Employer: Chester County Prisco	<u> </u>
Address: 501 5. Wawaset Road	·
<u>West Chester</u> <u>Pa</u> City State	<u>19382</u> ZIP Code
Individual Capacity	0fficial Capacity
Defendant No.: 6	·
Name: Jane One #1	
Job or Title: Orgentional Office	
Shield Number:	
Employer: (hester County Prison	•
Address: SOI S. Wawaset Road	,
West Chester fa	19382
City State	ZIP Code
Individual Capacity	$igthed{igwedge}$ Official Capacity
Defendant No.:	
Name:	
Job or Title:	
Shield Number:	
Employer:	
Address:	
City State	ZIP Code
Individual Capacity	Official Capacity

	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
		See Attachment No.2
п.	Prison	ner Status
	Indica	te whether you are a prisoner or other confined person as follows (check all that apply):
	$oxed{\square}$	Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
ſV.	Staten	nent of Claim
	alleged further any ca	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the dwrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		Cellblock K-odd dayroom area @ approx 1200 an November 24th, 2020

Defendant Correctional Officers Swift, Bolden, K. Johnson, R. mostryak, and one John Doe and one Jame One violated Plaintiffs right to be tree from cruel and unusual punishment as protected by the Due Process Clause of the fourteenth Amendment, as Plaintiff is a pre-trial detained, while employed by and on duty at Chester County Prison, thus acting under color of state and for local law.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

November 24th, 2020 @ approx 1300

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See Attachment No. 3

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Visible bruising, swelling and lacerations to face, head and wrists; strain to nak, back and Shoulders.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$250,000.00 in punitive damages to hold others accountable and create injentive in preventing similar conduct.
\$75,000.00 in compensation damages for pain and suffering, part and future medical expenses and afterney liegal fees.

On November 24th, 2020 at approximately 1300 hours, Plaintiff, who was noused on cellbiock K-odd, was allowed to come out of his cell to get in the shower. Plaintiff exited his cell and approached the control room to obtain his shower supplies. At this time, defendant kimberly Johnson ("Johnson") opened the control room door while accompanied by defendants Swift ("swift") and Bolden ("Bolden"). Johnson threatened to have Swift and Bolden "drag your ass back to your cell and fuck you up" if he took too long in the shower. Swift then told Plaintill "hurry up, you fot bitch." As he said this, he swing the bag of shower supplies toward Plaintiff who instinctively swung to defend what he assumed was an assaultive action, and inadvertantly struck Swift. Immediately, Bolden began striking Plaintiff with closed fists as he exited the control room. Buldon's strikes pushed Plaintiff bockwards into the dayroom area. Bolden continued to assault Plaintiff, who was making attempts to defend himself, while both swift and Johnson cheered him on and encouraged Bolden. More officers arrived to assist in ending the altercation. Defendant Jane Obe ("Jane Doe") was assigned operation of a handheld camera to record subsequent activity, however, defendant Robert Mastryak ("Mastryak") instructed her not to activate it. After Plaintiff was subdued and handcults were applied, Mastnjak took control of restraining him. Mastnjak placed his knee on Plaintiff's apper back applying significant force while simultaneously pulling the applied hand cuts apwords, causing significant strain to his shoulders, wrists and back and impairing his ability to breathe to such an extent that he lost full consciousness. Immediately prior to losing consciousness, defendant John Ooe ("John Ooe") spit directly on the back of Plaintiff's need. After an unknown amount of time, Plaintiff regained consciousness on the floor of relibiock K-odd. He was escorted to medical by Mastryak, John Doe, Jame Doe, Johnson and various other correctional officers. When entering medical and all doorways therein, as well exiting the same, escoring defendants intentionally struck Plaintiff's head thereon. After being assessed by medical stall, he was escorted to cellblock 1-odd ("RHU") to cell 9 where he was placed on the floor and the handcults were removed. When Mostnjak was alone in the cell with Plaintiff, he removed Plaintiff's parts and undergarments. Mastrijak used one hand to soil flaighth in his sides and the other to spread his buttcheeks and lift and observe closely his penis and testicles. When inquired about what he was doing, moistingak stopped and wordlessly exited the coil leaving plaint. If half-mile.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	∑Yes
	No No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Chester County Prison
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	☐ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?
	Any violetiants) of "civil, constitutional or statistical right" comminal or prohibited act by staff" "Prison Policy"

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	Where did you file the grievance?
	1. Whole did you has been green and a second a second and
	Chester County Prison
	2. What did you claim in your grievance?
	The claims Nevern
	3. What was the result, if any?
	Denjed
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	Appeal was denied, remedies deemed exmausted

	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
	·	2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previou	us Lawsuits
	the filin brought malicio	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying a fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Ye	es · · · · · · · · · · · · · · · · · · ·
	Du	
	/ If yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
,	5. Approximate date of filing lawsuit
	6. Is the case still pending? Yes No If no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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	Yes
	☐ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s) Elyah Thompson
	Defendant(s) Holmes, miller, Cross, Reese and Baker
	2. Court (if federal court, name the district; if state court, name the county and State)
	U.S. District - Eastern District of Pennsylvania
	3. Docket or index number
	22-CV-3507-JP
	4. Name of Judge assigned to your case
	John R Padova
	5. Approximate date of filing lawsuit
	August 10, 2022
	J
	6. Is the case still pending?
	Yes
	No
·	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 9-14-2022				
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Elyan Thompson 75287 Chester county Prison West Chester	SOL S. WG. PA State	Waset Load 19382 Zip Code	
В.	For Attorneys				
	Date of signing:				
	Signature of Attorney				
	Printed Name of Attorney				
	Bar Number				
	Name of Law Firm				
	Address				
		City	State	Zip Code	
	Telephone Number				
	E-mail Address				



EASTERN DISTRICT OF PENNSYLVANIA

OFFICE OFF THE CIERK
UNITED STATES DISTRICT COURT
PHILADEIPHIA, PA 19106-9865





